

# REGISTRATION PROCEDURES FOR DAY CAMPS

**Camp Registration procedures are outlined below.**

**CAMPER REGISTRATION FORMS ARE AVAILABLE** online at [www.greenbeltmd.gov](http://www.greenbeltmd.gov). Forms also may be picked up at the Greenbelt Youth Center and the Greenbelt Community Center during all facility hours. We recommend that you fill out the forms at home where you have access to necessary information such as medication data, date of last tetanus shot, and emergency contact numbers.

**HAVE QUESTIONS?** Contact the Greenbelt Recreation Department Business Office at 301-397-2200, Monday through Friday, 9:00am-4:30pm.

**COMPLETED REGISTRATION FORMS** can be submitted by mail, by fax, or in person. Forms will be accepted from Greenbelt residents\* beginning on January 19 and from non-residents beginning on February 1. Mail-in registrations and faxed registrations will be dated and entered accordingly. Camper registration forms will be accepted on an ongoing basis until all slots are filled. At that point, interested persons' names will be placed on a waiting list. Those persons will be contacted in the order in which names were taken if/when a slot becomes available.

• **Camp Pine Tree I & II, Camp YOGO, and Spring Camp:** please direct completed forms to the Greenbelt Recreation Department, 25 Crescent Rd, Greenbelt, MD 20770, FAX: 301-397-2203, Attn: Celeste May, or visit our business office at the Greenbelt Youth Center, 99 Centerway, Monday through Friday, 9:00am-4:30pm.

• **Creative Kids Camp, Camp Encore, Circus Camp, Spring Circus Camp and Kinder Camp:** please direct completed forms to the Greenbelt Community Center, 15 Crescent Rd, Greenbelt, MD 20770, FAX: 301-220-0561, Attn: Camps, or visit the Community Center business office Monday through Friday, 9:00am-4:30pm.

\* **GREENBELT RESIDENCY:** In order to qualify to receive the resident rates as listed in this brochure, you **MUST** provide CURRENT proof of Greenbelt residency in the form of a driver's license, MVA change of address form with a driver's license, or a lease. *If you are unable to provide one of these documents at the time of registration, you will be charged the non resident rate.*

**A DEPOSIT** of \$50 per child/per camp session is required at the time of registration.

**\*\*\*\*\*DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE\*\*\*\*\***

**MEDICATIONS:** If your child requires ANY medication including over the counter medications during the camp day, a Medication Form must be completed and signed by your Physician. Please call 301-397-2200 or 301-397-2208 to obtain the medication form or visit our website at [www.greenbeltmd.gov](http://www.greenbeltmd.gov).

**CAUTION: REGISTRATION FORMS MUST BE COMPLETED IN FULL** in order to be processed. Don't lose your place in camp due to missing information or signatures!

## *Payment Due Dates:*

Spring Camp Session 1.....	Friday, March 19, 2010 / 4:30pm
Spring Camp Session 2.....	Friday, March 26, 2010 / 4:30pm
Spring Circus Camp 1.....	Friday, March 19, 2010 / 4:30pm
Spring Circus Camp 2.....	Friday, March 26, 2010 / 4:30pm

Session 1.....	Friday, June 11, 2010 / 4:30pm
Session 2.....	Friday, June 25, 2010 / 4:30pm
Session 3.....	Friday, July 9, 2010 / 4:30pm
Session 4.....	Friday, July 23, 2010 / 4:30pm
Session 5.....	Friday, Aug 6, 2010 / 4:30pm

# Participant Profile

## For Teachers, Managers and Staff

Greenbelt Recreation Department  
25 Crescent Road  
Greenbelt, MD 20770



Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Child's likes and dislikes: \_\_\_\_\_

My child enjoys these physical activities: \_\_\_\_\_

My child has difficulty with these activities: \_\_\_\_\_

Things that my child may need help with: \_\_\_\_\_

Fears and concerns of the participant: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any change in daily medication over the last six months: \_\_\_\_\_

Specific behavioral concerns: \_\_\_\_\_

Triggers of the specific behavioral concerns: \_\_\_\_\_

What behavioral techniques have been successful that can be maintained during programs? \_\_\_\_\_

Are any special accommodations needed to give your child a positive learning experience during the program?

Is there any other additional information that would help to ensure that your child is successful during the program?

*If there is any confidential information you don't want to include on this form but feel it is important to share with us, please contact  
Karen Haseley, Therapeutic Recreation Supervisor at 301-397-2208 ext. 2054.*

GREENBELT RECREATION DEPARTMENT  
MAINTAINING A SAFE, FUN, AND ENRICHING ENVIRONMENT

# Day Camp Registration Form

This form must be completed in full for each participant to be registered.

## 1. PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ Male ☐ Female T-shirt Size \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Maryland School attended this year: \_\_\_\_\_

**Please Note:** A participant who does not attend a Maryland public or private school, Kindergarten through 12th grade must attach an age appropriate immunization record to this form (i.e., home schoolers, out of state schools). Is this participant exempt from immunization for religious or medical reasons? ☐ Yes ☐ No If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form. Program Staff can provide you with this form.

## 2. HEALTH INFORMATION

Primary Care/Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last tetanus or DPT shot (required by state law) Month/Year: \_\_\_\_\_

Participant has Allergies? ☐ Yes ☐ No

If yes, specify, including medication: \_\_\_\_\_

Camper currently takes medication (excluding allergy medication)? ☐ Yes ☐ No

If yes, name the medicine, dosage, time(s) given, and doctor's name. \_\_\_\_\_

Participant requires special health care? If yes, Please explain. (i.e. inhaler, epi-pen, etc.) \_\_\_\_\_

Please check all that apply to this participant:

- ☐ Diabetes ☐ Deaf or hard of hearing
- ☐ Asthma ☐ Legally blind
- ☐ Uses mobility aide (i.e. wheelchair, braces, etc.)
- ☐ Autism
- ☐ Asperger's
- ☐ Mental Retardation
- ☐ Other Developmental Disability: \_\_\_\_\_
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Attention Deficit Disorder (ADD)
- ☐ Behavioral/emotional disorder
- ☐ Request special accommodation- **Please elaborate.** \_\_\_\_\_

☐ Other health concerns- **Please elaborate.** \_\_\_\_\_

Participant has seizures? ☐ Yes ☐ No

Medication for seizures? If yes, name the medicine and usual treatment.

Medication: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Treatment: \_\_\_\_\_

Limits on participant's physical activities? ☐ Yes ☐ No

If yes, specify. *Example: Please allow to eat if sugar is low*

*Please attach any additional information if needed.*

A **Medication Authorization Form** is required in advance for any medication (including non-prescription) distributed at the program. A **Medication Authorization Form for Epi Pens, Inhalers and Insulin Pumps** is required in advance for any medical device/procedure used at the program.



Continue on the back

### 3. PARTICIPANT RELEASE AUTHORIZATION (OTHER THAN PERSONS LISTED ON PREVIOUS PAGE)

The Greenbelt Recreation Department Day Camp is authorized to release my Child,

Participant's Name:

to the following individuals who may pick up my child from the Day Camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the camp with anyone not listed at the right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people:

Name	Phone Number	Relationship
1. _____		
2. _____		
3. _____		
4. _____		

#### Departure Procedure:

Please notify your child's camp when one of the above people will be picking up your child.

If you wish for your child to sign himself/herself out, please give written permission to the camp office.

### 4. LATE PICK UP POLICY

A late fee will be assessed for participants who are not picked up by the program's scheduled closing time. The Greenbelt Recreation Department's Policy is \$1 per minute in 5 minute increments.

We understand that emergencies do arise and request that parents call the camp's office if they are delayed. However, late charges may still be assessed. Payment is due by 4:30pm the next business day. **Thank you for your cooperation in ensuring your participant is picked up from the program on time.**

### 5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (school buses, Greenbelt Recreation Department vans, and coach buses) and agree to release the City of Greenbelt and the Greenbelt Recreation Department its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the summer day camp program.

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated below.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in Recreation Department's publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances.

By way of copy of this form, I authorize the staff of The City of Greenbelt and the Greenbelt Recreation Department to obtain medical/hospital treatment for the above participant in the event of an emergency.

X \_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**Print name of parent/guardian** **Date**

X \_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**Print name of parent/guardian** **Date**



**City of Greenbelt**  
**Department of Recreation**  
**25 Crescent Road, Greenbelt, MD 20770**  
**Business Office: (301)397-2200**  
**Fax: (301)397-2203**

**Camper Name:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

Please take a moment to fill out the front and back of this form to assure that your child is registered in the proper camp and session. Refer to the Camp Brochure for the correct registration number and session. For those needing before care, 5:15pm after care or 6:00pm after care please place an X in the appropriate box. If you would like to register for an after care class, please refer to the Camp Brochure for the corresponding class code. NOTE: Kinder Camp cannot register for the 6:00pm after care option.

Please total your fees at the bottom of the table and choose your payment option. A \$50 deposit for each session of camp is due at the time of registration. Also, those registering for after care classes need to pay the full amount at the time of registration. Each session's payment is due in full ten days prior to the start of the camp. Please refer to page 11 for the payment due dates.

CAMP NAME	REGISTRATION #	BEFORE CARE	5:15 AFTERCARE	6:00 AFTERCARE	AFTERCARE CLASS CODE
Example: Camp Pine Tree One, Session 1	336503-1	X		X	336511-1

**COMPLETE FINANCIAL INFORMATION ON THE BACK OF THIS PAGE!**

# Financial Information:

**PLEASE NOTE:** A \$50.00 Non-Refundable, Non-Transferable deposit, per child, per session is required at the time of registration. Registrations will not be processed until all paperwork is COMPLETE and the appropriate payments have been submitted. All AFTERCARE CLASSES are due in FULL at the time of registration.

## Deposits Due:

# of Camp Sessions \_\_\_\_\_ X \$50= \_\_\_\_\_

Total Cost of Aftercare Classes: \_\_\_\_\_

Total Due at Registration:

## Credit Card Information:

If you prefer, you may phone this information in, but signature is required.

Type of Card: MC                      VISA                      AE                      DS

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ YES! I would like to have my credit card charged for the remaining balance due for each session, on the date that is is due!      Initials: \_\_\_\_\_

### For Administrative Use Only:

Registration Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

CASH      CREDIT      CHECK

### VERIFY:

- ( ) License
- ( ) Lease
- ( ) MVA Change  
of Address Card